



OPA DATABASE GUIDE

ONLINE 340B CHANGE REQUEST FOR PUBLIC USERS

**AUGUST 2012
VERSION 4.2**

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340B ONLINE CHANGE REQUEST

Objectives:

- Submitting 340B Online Change Request
- Authorizing Official Accepting / Canceling Online Change Request
- Viewing Email Notifications for Approved / Rejected Online Change Requests
- Viewing Covered Entity Details with Approved Changes

SUBMITTING ONLINE 340B CHANGE REQUEST

Helpful Tips for Submitting an Online Change Request



Online change request submission is now an automated process. There is no way to save a change request once it has been initiated. Change request must be completed during the same browser session.



Change request can *only* be submitted for Covered Entities that are actively participating in the HRSA OPA 340B Program. This includes Covered Entities with a future participating start date.



Change Requests **cannot** be submitted for:

- Covered Entity that has been terminated and no longer participating in 340B Program.
- Covered Entity has a Change Request pending OPA approval.
- Covered Entity undergoing Recertification and OPA review.
- Request to update Authorizing Official information (use paper form).
- Request to terminate a Covered Entity (use paper form).

SUBMITTING ONLINE 340B CHANGE REQUEST

DETAILS

Change Request Search

1. Click the Submit Change Request link on the HRSA OPA 340B Homepage and the Change Request Search Criteria screen displays.

2. Enter a 340B ID in the 340B ID field.



A partial 340B ID must consist of at least four (4) alphanumeric characters. An error message displays if less than four characters are entered.

- Search screen provides instructions on submitting a change request.

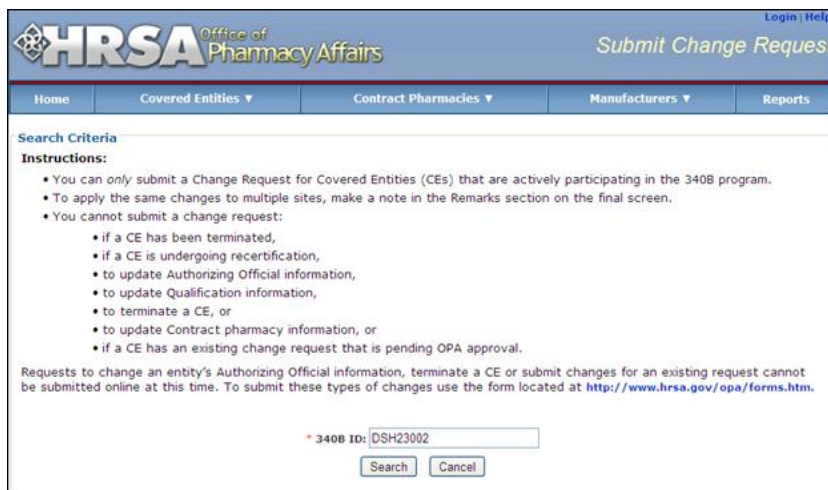
3. Click the **Search** button and applicable search results displays.

EXAMPLE



The screenshot shows the HRSA Office of Pharmacy Affairs homepage. The navigation bar includes links for Home, Covered Entities, Contract Pharmacies, Manufacturers, and Reports. The 'Covered Entities' section is expanded, showing a list of links: Search Covered Entities, Search Medicaid Exclusion File, Register a Covered Entity, Register an Outpatient Facility, and Submit Change Request (highlighted with a red box). Below this, there are sections for 'What's New' and 'Important Notifications'.

Search Criteria Screen



The screenshot shows the HRSA Office of Pharmacy Affairs Search Criteria screen. The 'Submit Change Request' link is highlighted in the top right corner. The 'Search Criteria' section contains instructions for submitting a change request. Below the instructions, there is a form with a '340B ID' field containing the text 'DSH23002' and 'Search' and 'Cancel' buttons.

SUBMITTING ONLINE 340B CHANGE REQUEST

DETAILS

Selecting a Covered Entity

1. Click the radio button for the applicable Covered Entity.
2. Click the **Continue** button and the 340B Change Request displays.

Change Request Search Results

- Change Request Search Results screen **only** displays if entering a partial 340B ID and at least two matching Covered Entity records display.

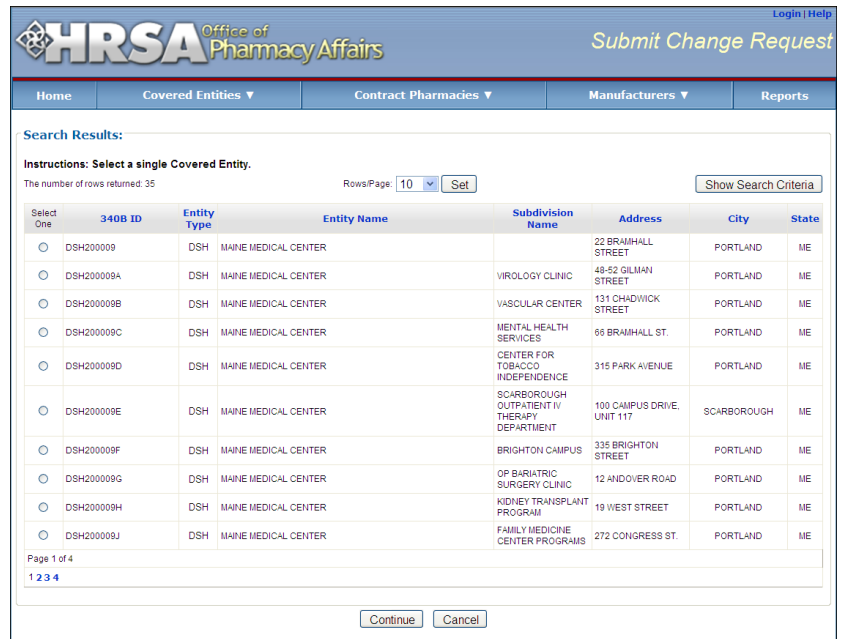


When an exact 340B ID is entered and results in only one record, this step is omitted from the process and the user is navigated directly to change request.

- Search results table displays information pertaining to the Covered Entities for: 340B ID, Entity Name, Subdivision Name, Address, City and State.
- Information displays in ascending order by 340B IDs. Click on any column heading and the information is sorted in descending order.
- Only one Covered Entity can be selected.

EXAMPLE

Search Results



HRSA Office of Pharmacy Affairs [Login/Help](#) [Submit Change Request](#)

Home Covered Entities ▼ Contract Pharmacies ▼ Manufacturers ▼ Reports

Search Results:

Instructions: Select a single Covered Entity.
The number of rows returned: 35 Rows/Page: 10 Set Show Search Criteria

Select One	340B ID	Entity Type	Entity Name	Subdivision Name	Address	City	State
<input type="radio"/>	DSH200009	DSH	MAINE MEDICAL CENTER		22 BRAIMHALL STREET	PORTLAND	ME
<input type="radio"/>	DSH200009A	DSH	MAINE MEDICAL CENTER	VIROLOGY CLINIC	48-52 GILMAN STREET	PORTLAND	ME
<input type="radio"/>	DSH200009B	DSH	MAINE MEDICAL CENTER	VASCULAR CENTER	131 CHADWICK STREET	PORTLAND	ME
<input type="radio"/>	DSH200009C	DSH	MAINE MEDICAL CENTER	MENTAL HEALTH SERVICES	66 BRAIMHALL ST.	PORTLAND	ME
<input type="radio"/>	DSH200009D	DSH	MAINE MEDICAL CENTER	CENTER FOR TOBACCO INDEPENDENCE	315 PARK AVENUE	PORTLAND	ME
<input type="radio"/>	DSH200009E	DSH	MAINE MEDICAL CENTER	SCARBOROUGH OUTPATIENT IV THERAPY DEPARTMENT	100 CAMPUS DRIVE, UNIT 117	SCARBOROUGH	ME
<input type="radio"/>	DSH200009F	DSH	MAINE MEDICAL CENTER	BRIGHTON CAMPUS	335 BRIGHTON STREET	PORTLAND	ME
<input type="radio"/>	DSH200009G	DSH	MAINE MEDICAL CENTER	OP BARIATRIC SURGERY CLINIC	12 ANDOVER ROAD	PORTLAND	ME
<input type="radio"/>	DSH200009H	DSH	MAINE MEDICAL CENTER	KIDNEY TRANSPLANT PROGRAM	19 WEST STREET	PORTLAND	ME
<input type="radio"/>	DSH200009J	DSH	MAINE MEDICAL CENTER	FAMILY MEDICINE CENTER PROGRAMS	272 CONGRESS ST.	PORTLAND	ME

Page 1 of 4
1 2 3 4

Continue Cancel

- Default Row/Page setting is 10 records.
- To view more records, select from the Rows/Page drop-down and click Set button or place cursor on each page to view applicable Covered Entities.
- **Show Search Criteria** button displays the CR Search screen.
- **Hide Filter Criteria** button hides the CR Search screen.

SUBMITTING ONLINE 340B CHANGE REQUEST

DETAILS

340B Change Request

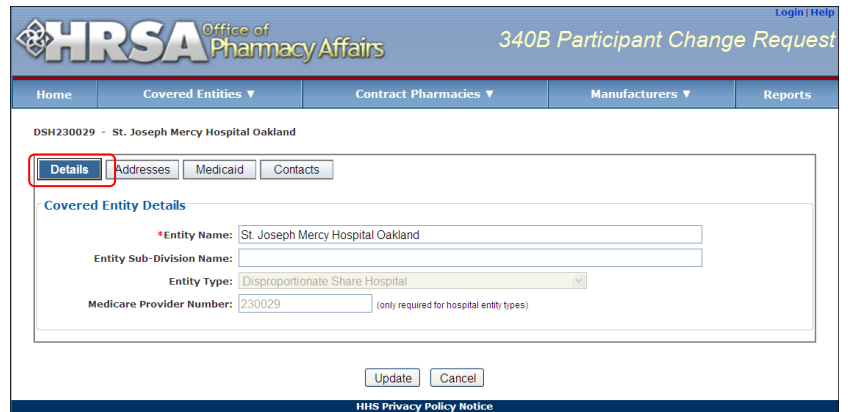
- **Details** section is the default view for the change request.
- To change information, click in the applicable field to make updates.
- Required fields are indicated with an * asterisk.
- Grayed-out fields cannot be edited.
- Change request displays in sections, click on tabs to navigate from section-to-section.
- System returns an error message prior to navigating to next section when:
 - A required field is omitted.
 - Incorrect information is entered.
- Click update when all changes are complete.

Updating CE Details Fields

1. Enter information in fields to be updated.
2. Click any tab to continue updating.
3. Click the **Update** button when all updates are completed.

EXAMPLE

Details Section



HRSA Office of Pharmacy Affairs 340B Participant Change Request

Home Covered Entities ▼ Contract Pharmacies ▼ Manufacturers ▼ Reports

DSH230029 - St. Joseph Mercy Hospital Oakland

Details Addresses Medicaid Contacts

Covered Entity Details

*Entity Name: St. Joseph Mercy Hospital Oakland


Entity Sub-Division Name:

Entity Type: Disproportionate Share Hospital

Medicare Provider Number: 230029 (only required for hospital entity types)

Update Cancel

HRSA Privacy Policy Notice



HRSA Office of Pharmacy Affairs 340B Participant Change Request

Home Covered Entities ▼ Contract Pharmacies ▼ Manufacturers ▼ Reports

DSH230029 - St. Joseph Mercy Hospital Oakland

Details Addresses Medicaid Contacts

Covered Entity Details

*Entity Name: St. Joseph Mercy Hospital Oakland

Entity Sub-Division Name: St. Joseph Mercy MRI Center

Entity Type: Disproportionate Share Hospital

Medicare Provider Number: 230029 (only required for hospital entity types)

Update Cancel

HRSA Privacy Policy Notice

SUBMITTING ONLINE 340B CHANGE REQUEST

DETAILS

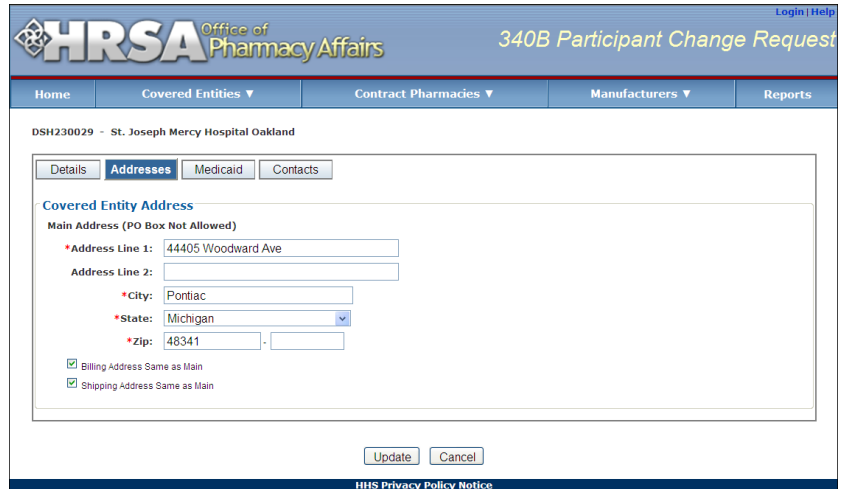
Updating Covered Entity Address Fields

1. Enter applicable address information.
2. Click any tab to continue updating.
3. Click the **Update** button when all updates are completed.

- **Addresses** section contains main, billing and shipping addresses for the Covered Entity.
 - Billing and Shipping Address can be designated same as Main Address.
 - Multiple Shipping Addresses can be added.
- Existing information can be changed for Main Address, Billing Address and Shipping Addresses.
- Existing information for Shipping Addresses can be deleted.
- Unselecting the checkboxes ☐ for Billing and/or Shipping Address expands the section and allows alternate addresses to be entered.

EXAMPLE

Address Section



The screenshot shows the HRSA Office of Pharmacy Affairs 340B Participant Change Request interface. The user is logged in as 'DSH230029 - St. Joseph Mercy Hospital Oakland'. The 'Addresses' tab is selected, showing the 'Covered Entity Address' section. The 'Main Address (PO Box Not Allowed)' is entered as '44405 Woodward Ave'. The 'City' is 'Pontiac' and the 'State' is 'Michigan'. The 'Zip' is '48341'. There are checkboxes for 'Billing Address Same as Main' and 'Shipping Address Same as Main', both of which are checked. The 'Update' and 'Cancel' buttons are at the bottom.

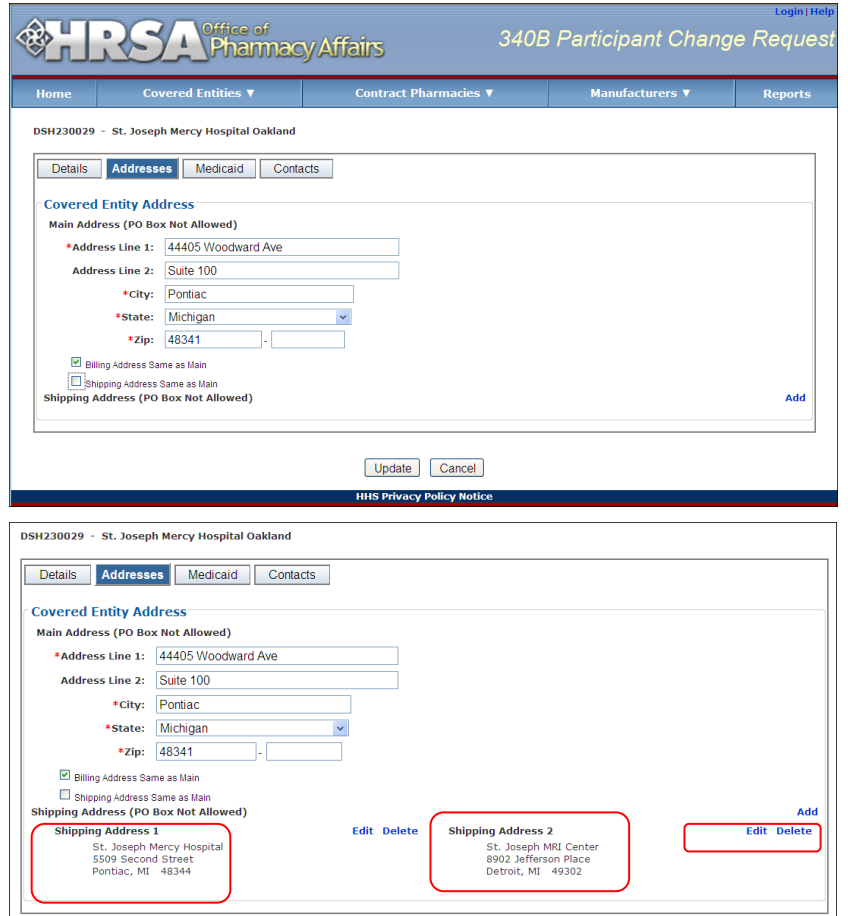
SUBMITTING ONLINE 340B CHANGE REQUEST

DETAILS

Adding Multiple Shipping Addresses

1. Click the **Add** button to add a new Shipping Address, and the applicable fields display.
 2. Enter the applicable address information.
 3. Click the Continue button and the shipping address is added.
- Edit button next to the applicable shipping address allows edits to be made to the address.
 - Delete button next to the applicable shipping address deletes the address.

EXAMPLE



DSH230029 - St. Joseph Mercy Hospital Oakland

Home Covered Entities ▼ Contract Pharmacies ▼ Manufacturers ▼ Reports

Details **Addresses** Medicaid Contacts

Covered Entity Address

Main Address (PO Box Not Allowed)

*Address Line 1: 44405 Woodward Ave

Address Line 2: Suite 100

*City: Pontiac

*State: Michigan

*Zip: 48341

☒ Billing Address Same as Main

☐ Shipping Address Same as Main

Shipping Address (PO Box Not Allowed)

Add

Update Cancel

DSH230029 - St. Joseph Mercy Hospital Oakland

Details **Addresses** Medicaid Contacts

Covered Entity Address

Main Address (PO Box Not Allowed)

*Address Line 1: 44405 Woodward Ave

Address Line 2: Suite 100

*City: Pontiac

*State: Michigan

*Zip: 48341

☒ Billing Address Same as Main

☐ Shipping Address Same as Main

Shipping Address (PO Box Not Allowed)

Shipping Address 1

St. Joseph Mercy Hospital
5509 Second Street
Pontiac, MI 48344

Edit Delete

Shipping Address 2

St. Joseph MRI Center
8902 Jefferson Place
Detroit, MI 49302

Edit Delete

Add

SUBMITTING ONLINE 340B CHANGE REQUEST

DETAILS

Updating Medicaid Billing Information

1. Select Yes radio button to add a new Medicaid or NPI number.
2. Click the **Add** button for Medicaid and/or NPI Number section, and section expands.
 - Information can be added for both sections.
 - Medicaid Number includes State field.
 - NPI consists of 10 numbers.
3. Enter information.
4. Click the **Insert** button and information is added.

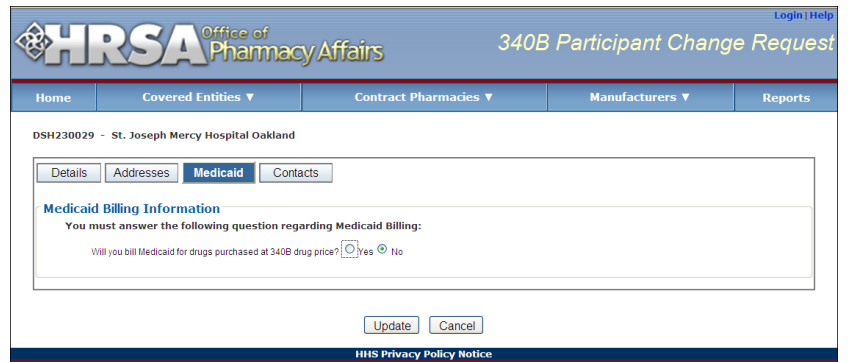
Click the **Cancel** button to remove.

Click the **Edit** button to edit Medicaid or NPI numbers.

Click the **Delete** button to delete Medicaid or NPI numbers.
5. Click any tab to continue updating, if applicable or click the **Update** button when all updates are completed.

EXAMPLE

Medicaid Billing Section



HRSA Office of Pharmacy Affairs 340B Participant Change Request

Home Covered Entities Contract Pharmacies Manufacturers Reports

DSH230029 - St. Joseph Mercy Hospital Oakland

Details Addresses **Medicaid** Contacts

Medicaid Billing Information

You must answer the following question regarding Medicaid Billing:

Will you bill Medicaid for drugs purchased at 340B drug price? ☐ Yes ☒ No

Update Cancel

HHS Privacy Policy Notice

Medicaid Billing Information

You must answer the following question regarding Medicaid Billing:

Will you bill Medicaid for drugs purchased at 340B drug price? ☒ Yes ☐ No

Add

Medicaid Number State

Medicaid Number State

50926 Michigan **Insert** **Cancel**

Medicaid Number State

50926 MI **Edit** **Delete**

Add

NPI Number

NPI Number

1847366056 **Insert** **Cancel**

NPI Number

1847366056 **Edit** **Delete**

SUBMITTING ONLINE 340B CHANGE REQUEST

DETAILS

Updating Primary Contact Fields

1. Enter applicable information to be changed.
2. Click any tab to continue updating.
3. Click the **Update** button when all updates are completed.

- All fields are required.
- Only the Primary Contact information for the Covered Entity can be changed.
- Email addresses are proprietary information and are not displayed for viewing.
- When an existing email address exists for the Primary Contact, the field displays as:
*****@****.***
- If no email address exists, the field is blank, and a new email address must be entered.

EXAMPLE

Contacts Section



DSH230020 - OAKWOOD HOSPITAL & MEDICAL CENTER (OHMC)

Details Addresses Medicaid **Contacts**

Contact Information

Primary Contact

*Name: David Batkie

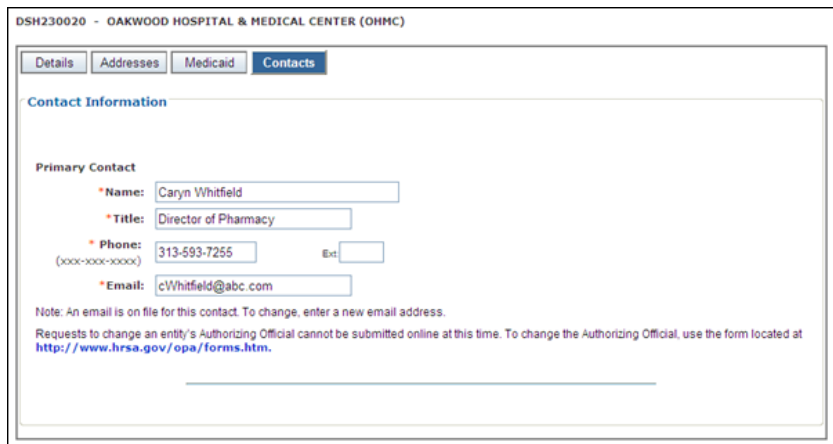
*Title: Director, Pharmacy

*Phone: 313-593-7255 Ext:

*Email: *****@****.***

Note: An email is on file for this contact. To change, enter a new email address.
Requests to change an entity's Authorizing Official cannot be submitted online at this time. To change the Authorizing Official, use the form located at <http://www.hrsa.gov/opa/forms.htm>.

Update Cancel



DSH230020 - OAKWOOD HOSPITAL & MEDICAL CENTER (OHMC)

Details Addresses Medicaid **Contacts**

Contact Information

Primary Contact

*Name: Caryn Whitfield

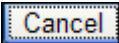
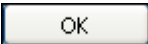
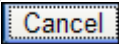
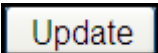
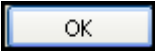
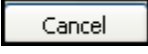
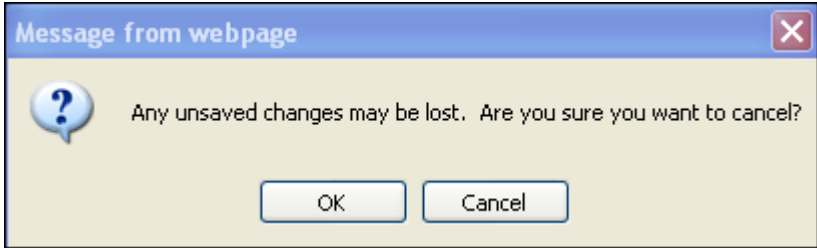
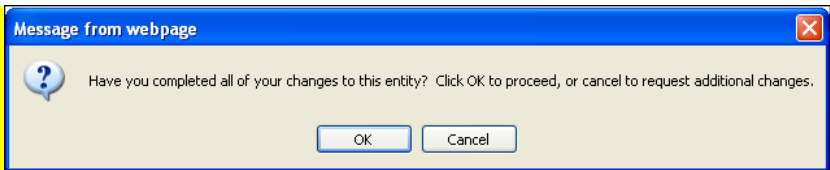
*Title: Director of Pharmacy

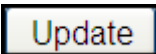
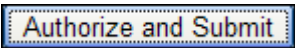
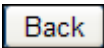
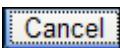
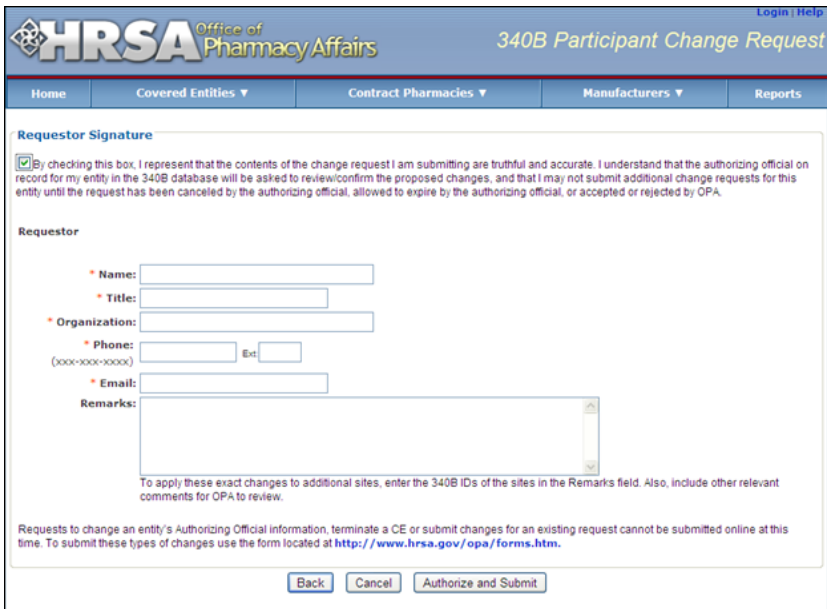
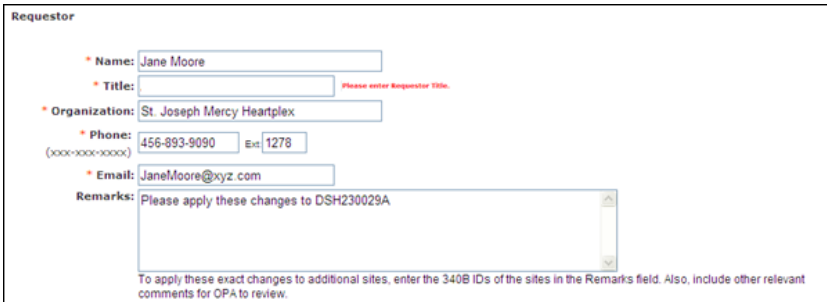
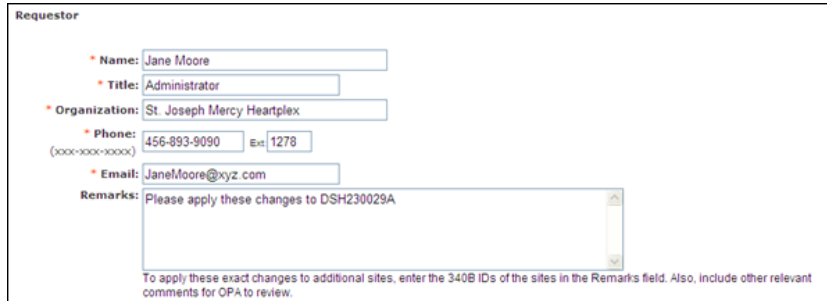
*Phone: 313-593-7255 Ext:

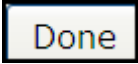
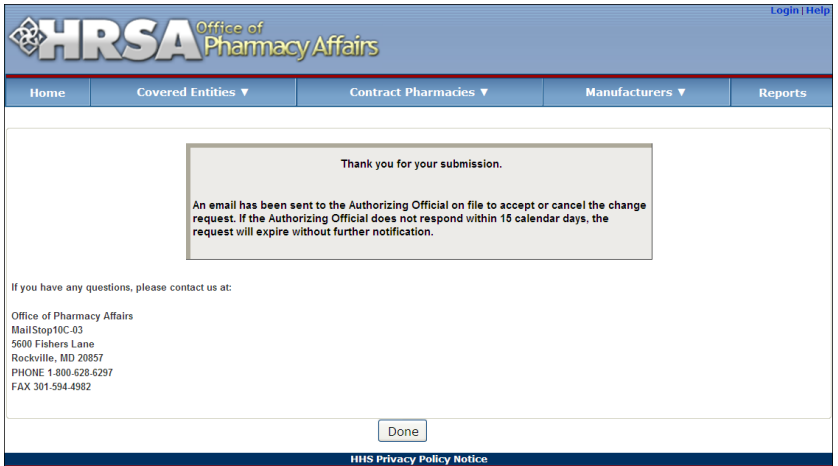
*Email: cWhitfield@abc.com

Note: An email is on file for this contact. To change, enter a new email address.
Requests to change an entity's Authorizing Official cannot be submitted online at this time. To change the Authorizing Official, use the form located at <http://www.hrsa.gov/opa/forms.htm>.

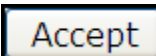
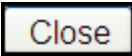

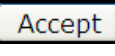
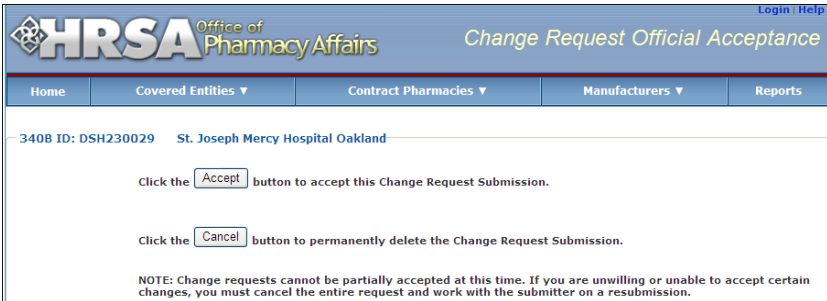



Update Cancel

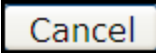
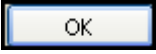
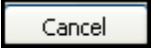

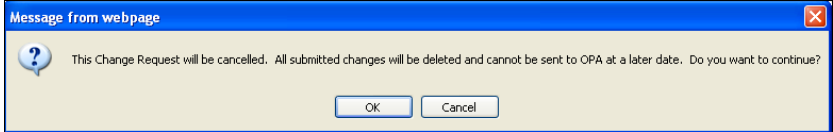
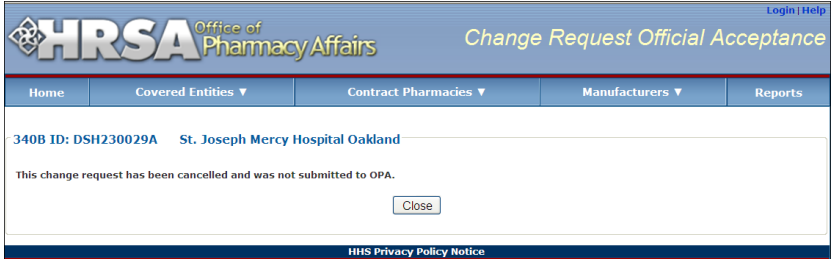
SUBMITTING ONLINE 340B CHANGE REQUEST	
DETAILS	EXAMPLE
<p>Canceling Change Request</p> <ul style="list-style-type: none"> Cancelled change requests are <i>not</i> saved to the 340B database and <i>cannot</i> be retrieved for future use. Change request can be canceled anytime throughout the submission process. <ol style="list-style-type: none"> Click the  button and a pop-up window displays. Click the  button and the change request submission is discontinued and user returns to the HRSA OPA 340B Homepage. Click the  button to continue editing the change request. <p>Submitting Change Request</p> <ol style="list-style-type: none"> Click the  button when all changes are completed. Message window displays asking if all changes have been made. Click the  button to complete the submission. Click the  button to continue editing the change request. 	<p>Cancel Window</p>  <p>Update Window</p> 

SUBMITTING ONLINE 340B CHANGE REQUEST	
DETAILS	EXAMPLE
<p>Authorizing and Submitting</p> <ol style="list-style-type: none"> Click the  button and the Authorize and Submit screen displays. Click the signature <input checked="" type="checkbox"/> checkbox. This is a required field. Enter applicable Requestor contact information. Click  button and the Confirmation screen displays. This step validates information and changes the status of the change request to "Submitted". <ul style="list-style-type: none"> Change request cannot be submitted unless the checkbox <input checked="" type="checkbox"/> for Requestor Signature is indicated. Remarks field provides format to request same exact changes be applied to additional sites; including the relevant 340B IDs for each site. Email notifications are sent summarizing the changes.  button allows users to go back and make additional changes prior to submitting.  button cancels the change request. 	<p>Authorize and Submit Screen</p>   

SUBMITTING ONLINE 340B CHANGE REQUEST	
DETAILS	EXAMPLE
<p>Change Request Confirmation</p> <ul style="list-style-type: none"> Confirmation screen provides acknowledgement that the change request is completed.  button navigates user back to HRSA OPA 340B Homepage. <p>Requestor/Primary Contact Confirmation Email Notification</p> <ul style="list-style-type: none"> Requestor receives an email notification, along with the Primary Contact. If Primary Contact is changed, then both existing and new Primary Contacts receive an email notification. Email notification includes the Value Before Change and Value After Change for every field requested to change. 	<p>Confirmation Screen</p>  <p>Email Notification Acknowledgement</p> <pre> From: OPastaff@hrsa.gov [mailto:OPastaff@hrsa.gov] Sent: Monday, July 16, 2012 12:19 PM To: Jane.moore@xyz.com; cwhitefield@abc.com; dkalis@zzz.com Subject: Confirmation of online 340B Change Request submission [DSH230029] HRSA's Office of Pharmacy Affairs has received an online change request regarding DSH230029 - St. Joseph Mercy Hospital Oakland at 44405 Woodward Ave, Pontiac, MI 48341. The following fields have been modified: Entity Subdivision Name Value Before Change: Value After Change: St. Joseph Mercy MRI Center Main Address Line 2 Value Before Change: Value After Change: Suite 100 Primary Contact Name Value Before Change: David Kalis Value After Change: Caryn Gross Primary Contact Email Value Before Change: *****@****.*** Value After Change: cwhitefield@abc.com Shipping Address #1 Shipping Address Organization Value Before Change: Value After Change: St. Joseph Mercy Hospital Shipping Address Line 1 Value Before Change: Value After Change: 5509 Second Street Shipping Address City Value Before Change: Value After Change: Pontiac </pre>

SUBMITTING ONLINE 340B CHANGE REQUEST	
DETAILS	EXAMPLE
<p>Authorizing Official Verify Online Email Notification</p> <ul style="list-style-type: none"> Authorizing Official on record in the 340B database receives an email notification. Email provides: <ul style="list-style-type: none"> Authorizing Official with instructions on accepting and submitting change request. Value Before Change and Value After Change for every field requested change. A link that the Authorizing Official must click in order to proceed to accept or cancel the change request. Authorizing Official has 15-calendar days to accept or cancel change request. On calendar day-16, if no action is taken, then system automatically cancels the change request. No new change requests can be submitted for Covered Entity during the 15-day timeframe. 	<p>Authorizing Official Email Notification</p> <p>Request to verify online 340B Change Request [DSH230029]</p> <p>OPastaff@hrsa.gov Sent: Mon 7/16/2012 12:19 PM To: Jane Moore</p> <p>Instructions: As the Authorizing Official on file for this entity in HRSA's 340B Drug Pricing Program database, you have 15 calendar days to accept or cancel the change request. On the 16th day, the request will automatically expire. No additional change requests for this entity can be submitted until this request expires or has been approved by the Office of Pharmacy Affairs.</p> <p>This is to notify you that a change request has been submitted to OPA regarding DSH230029 - St. Joseph Mercy Hospital Oakland at 44405 Woodward Ave, Pontiac, MI 48341.</p> <p>The following fields have been modified:</p> <p>Entity Subdivision Name Value Before Change: Value After Change: St. Joseph Mercy MRI Center</p> <p>Main Address Line 2 Value Before Change: Value After Change: Suite 100</p> <p>Primary Contact Name Value Before Change: David Kalis Value After Change: Caryn Gross</p> <p>Primary Contact Email Value Before Change: dkalis@zzz.com Value After Change: cwhitefield@abc.com</p> <p>Shipping Address #1 Shipping Address Organization Value Before Change: Value After Change: St. Joseph Mercy Hospital</p> <p>Shipping Address Line 1 Value Before Change: Value After Change: 5509 Second Street</p> <p>Shipping Address City Value Before Change: Value After Change: Pontiac</p> <p>Shipping Address State Value Before Change: Value After Change: MI</p> <p>Shipping Address Zip Value Before Change: Value After Change: 48344</p> <p>Shipping Address #2 Shipping Address Organization Value Before Change: Value After Change: St. Joseph MRI Center</p> <p>Shipping Address Line 1 Value Before Change: Value After Change: 8902 Jefferson Place</p> <p>Shipping Address City Value Before Change: Value After Change: Detroit</p> <p>Shipping Address State Value Before Change: Value After Change: MI</p> <p>Shipping Address Zip Value Before Change: Value After Change: 49302</p> <p>Medicaid Number #1 Medicaid Number Value Before Change: Value After Change: 50926</p> <p>Medicaid State Value Before Change: Value After Change: MI</p> <p>NPI Number #1 NPI Number Value Before Change: Value After Change: 1847366056</p> <p>This change request was submitted by:</p> <p>Name: Jane Moore Title: Administrator Organization: St. Joseph Mercy Heartplex Phone: 456-893-0000 x. 1278 Email: JaneMoore@xyz.com Remarks: Please apply these changes to DSH230029A</p> <p>To accept or cancel this change request, click here: http://opatest.primescapesolutions.net/OPA_Mod_Test/CR0fficialAcceptance.sps?CHANGE_REQUEST_ID=668HASH_CODE=d9fb48c41b636d5d07a0eb758923dab1b9bd953887725cb7a3ff26ff2166544460d6e6730d4334b5bd9b3671d3d5fd4dd96dee8acc325c1c4577cde6cd4</p> <p>If there are any errors or modifications, please report them to us immediately so that we may correct the record. Please reference your 340B ID number in the communication.</p> <p>Office of Pharmacy Affairs 5600 Fishers Lane, Mail Stop 10C-03 Rockville, MD 20857 1-800-628-6297 Email: opastaff@hrsa.gov</p>

SUBMITTING ONLINE 340B CHANGE REQUEST	
DETAILS	EXAMPLE
<p>Change Request – Day 1 thru 15</p> <ol style="list-style-type: none"> Click the link in the Authorizing Official email and the Accept / Cancel screen displays. Click the  button and message displays that change request has been submitted to OPA for review and approval. The status of change request is changed to “Accepted”. Click the  button and return to the HRSA OPA 340B Homepage. <p> Once the user has accepted or cancelled the change request, clicking on the buttons more than once displays a message stating that the specific change request has been submitted or is no longer eligible for submission.</p> <p>Change Request – Day 16</p> <ul style="list-style-type: none"> If the Authorizing Official clicks the  button on calendar day 16, a message displays that change request is either no longer eligible for submission or has already been submitted. Change requests that are more than 16 days old, will be cancelled and cannot be submitted to OPA for approval. 	<p>Accept / Cancel Change Request</p>  <p>Accept Change Request</p>   <p>Day 16 Message</p> 

SUBMITTING ONLINE 340B CHANGE REQUEST	
DETAILS	EXAMPLE
<p>Canceling Submitted Change Request</p> <ol style="list-style-type: none"> Click the link in the Authorizing Official email and the Accept / Cancel screen displays. Click the  button and message displays that change request will be cancelled and cannot be sent to OPA at a later date. <p>Click the  button to proceed to cancel the change request submission.</p> <p>Click the  button to stop the cancellation.</p> <ul style="list-style-type: none"> An email notification is sent confirming the cancellation of the change request. 	<p>Cancel Change Request</p>    <p>Cancellation of online 340B Change Request [DSH230029]</p> <p>OPAstaff@hrsa.gov Sent: Mon 7/23/2012 8:18 AM To: tsmith@healthplex.com Cc: James Cooper</p> <p>The Authorizing Official for this entity has cancelled this Change Request. The Office of Pharmacy Affairs will have not received any information on this request, as a result of it being cancelled.</p>

SUBMITTING ONLINE 340B CHANGE REQUEST	
DETAILS	EXAMPLE
<p>Approval Online CR Email Notification</p> <ul style="list-style-type: none"> When OPA reviews and approves the change request, then <i>Approval of online 340B</i> Change Request is emailed. Authorizing Official, Primacy Contact, and Requestor receive the email notification containing the approved before and after values for all fields updated. 	<p>Approval of Online CR</p> <div> <p>Approval of online 340B Change Request [DSH230029] OPAstaff@hrsa.gov Sent: Tue 7/24/2012 10:06 AM To: Daniel Hanson [white@zzyymw.org] Cc: Jerry Smith</p> <hr/> <p>HRSA's Office of Pharmacy Affairs has approved your online 340B change request regarding DSH230029 - St. Joseph Mercy Hospital Oakland, St. Joseph Mercy MRI Center at 44405 Woodward Ave, Pontiac, MI 48341.</p> <p>The following fields have been modified:</p> <p>Entity Subdivision Name Value Before Change: Value After Change: St. Joseph Mercy MRI Center</p> <p>Main Address Line 2 Value Before Change: Value After Change:</p> <p>Primary Contact Name Value Before Change: David Kalis Value After Change: David Kalis</p> <p>Primary Contact Email Value Before Change: *****@****.*** Value After Change: *****@****.***</p> <p>Shipping Address #1 Shipping Address Organization Value Before Change: Value After Change: St. Joseph Mercy Hospital</p> <p>Shipping Address Line 1 Value Before Change: Value After Change: 1509 Second Street</p> <p>Shipping Address City Value Before Change: Value After Change: Pontiac</p> <p>Shipping Address State Value Before Change: Value After Change: MI</p> <p>Shipping Address Zip Value Before Change: Value After Change: 48344</p> <p>Shipping Address #2 Shipping Address Organization Value Before Change: Value After Change: St. Joseph MRI Center</p> <p>Shipping Address Line 1 Value Before Change: Value After Change: 8902 Jefferson Place</p> <p>Shipping Address City Value Before Change: Value After Change: Pontiac</p> <p>Shipping Address State Value Before Change: Value After Change: MI</p> <p>Shipping Address Zip Value Before Change: Value After Change: 48344</p> <p>Medical Number #1 Medical Number Value Before Change: Value After Change:</p> <p>Medical State Value Before Change: Value After Change:</p> <p>NPI Number #1 NPI Number Value Before Change: Value After Change: 1847366056</p> <p>If you have any questions pertaining to this information, please contact us at:</p> <p>Office of Pharmacy Affairs 5000 Fishers Lane, Mail Stop Rockville, MD 20857 1-800-628-6297</p> </div>

SUBMITTING ONLINE 340B CHANGE REQUEST

DETAILS

Reject Online Email Notification

- When OPA reviews and *rejects* change request, then *Rejection of online 340B Change Request* is emailed.
- Authorizing Official, Primacy Contact, and Requestor receive the email notification containing the name, 340BID, address, subdivision name (if applicable), and date change request was submitted.

Viewing CE Details After CR Approval

- To view OPA “approved” updates to covered entity, access the CE Details record for a specific covered entity and view each tab.
- History section details all approved changes as “Updates”. All change request updates are labeled as “Event = Update”.

EXAMPLE

Rejection of Online 340B Change Request

Rejection of online 340B Change Request [FP320634]

OPAstaff@hrsa.gov

Sent: Wed 7/18/2012 1:45 PM

To: Phillip.Higgins@xyz.com; lboyd@abc.com

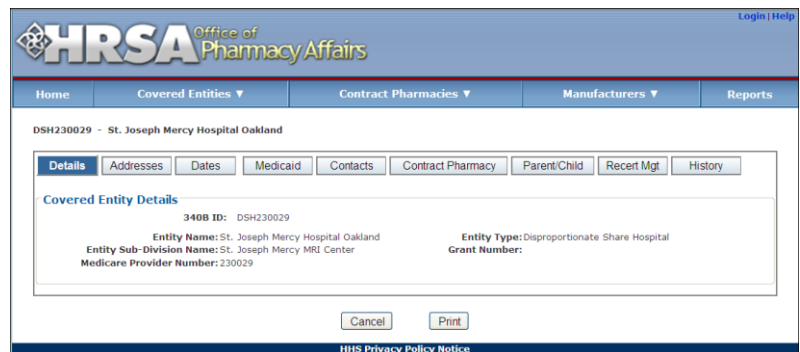
Cc: Susan Perkins

This is to notify you that the Office of Pharmacy Affairs (OPA) has rejected Change Request CR000069 for FP320634 - BAKER COUNTY HEALTH DEPARTMENT, FAMILY PLANNING CLINIC at 480 W LOWDER ST, MACCLENNY, FL 32063 submitted on 07/17/2012.

If you have any questions, please contact us at opastaff@hrsa.gov.

Office of Pharmacy Affairs
5600 Fishers Lane, Mail Stop 10C-03
Rockville, MD 20857
1-800-628-6297

CE Details After Approved Changes



History Section



Field	Section	Event	Value Before	Value After	Timestamp	User ID
Shipping Address	Addresses	Update		St. Joseph Mercy Hospital 5509 Second Street Pontiac MI, 48344	07/18/2012 03:11:04 PM	PSAdmin
Shipping Address	Addresses	Update		St. Joseph MRI Center 8902 Jefferson Place Pontiac MI, 48344	07/18/2012 03:11:04 PM	PSAdmin
Comments	Date Info	Update		7/18/12 OPA did not change PC contact	07/18/2012 03:11:04 PM	PSAdmin
Entity SubName	Details	Update		St. Joseph Mercy MRI Center	07/18/2012 03:11:04 PM	PSAdmin

SUBMITTING ONLINE 340B CHANGE REQUEST

DETAILS

Paper 340B Change Form

- The paper copy of the 340B Participant Change Form is available to request changes for:
 - Authorizing Official contact information
 - Covered Entity termination



Submit all other changes request to OPA using the online system.

- Click Forms link under Useful Links section and the Forms screen displays.
- Click on the 340B Participant Change Form link and the form displays.
- Fill in the applicable fields and email to OPA at: opastaff@hrsa.gov.

EXAMPLE

